

Periscope.

EXCERPTS WILL BE FURNISHED AS FOLLOWS:

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The Editor will not accept as ORIGINAL ARTICLES and CLINICAL CASES those that have appeared elsewhere.

Authors are requested to make none but typographical corrections on the proof sent to them. The manuscript must represent the final form in which the article is to be printed.

PATHOLOGICAL.

On Eye-Paralyses.—After a lengthy but elaborate article on this subject, in the "Boston Medical and Surgical Journal," October 26 and 27, 1892, the author, Dr. John Amory Jeffries, concludes as follows:

1. All cases of lateral conjugate paralysis are of central origin.

2. When the paralysis is on the same side as other paralyses, the lesion is on the opposite side of the brain. Such paralyses as a rule are transitory and follow almost any sudden lesion, and often show themselves as a prevailing position of the eye, and not as a true paralysis or even paresis.

3. When the paralysis is crossed with the paralyses below, the lesion is in the pons-medulla region. The above three are equally true of spasms.

4. A gradual development of conjugate paralyses clearly points to the region of the sixth nucleus of the same side as affected.

5. Paralysis of up or down motions, or both motions, indicate disease in the region of the corpora quadrigemina, but may be due to disease in the third nerves proper at the point of exit.

6. Reasoning from analogy, paralysis of convergence points to disease in the central gray below the aqueduct, but as yet autopsies are lacking.

7. Isolated paralysis of parts of a third nerve strongly suggests central disease, but is not proof of it.

8. A majority of the cases of eye paralysis occur in the syphilitic.

9. A paralysis which changes rapidly, quickly showing fatigue, is probably central in origin.

10. Transitory paralysis in the syphilitic is strongly suggestive of future tabes.

11. An eye paralysis, however simple it may seem, is always a just cause for suspicion of trouble to come, and demands a prompt and thorough examination of the patient.

12. There is no evidence that there is any form of connection between the sixth nucleus and the third, except in the cerebrum.

W. M. L.

Hysterical Amnesia.—The "Archives de Neurologie," July, 1892, contain Janet's lecture on amnesia, one of the cardinal symptoms of hysteria. It is quite as important as anaesthesia, and almost as frequent. Without a careful study of hysterical amnesia, the author considers it impossible to appreciate thoroughly hysterical paralyses, astasia-abasia, mutism, delirium, and spontaneous and induced hypnotism.

Hysterical amnesia may be systematized, localized, general, or continued. The first form is the commonest, groups of ideas or events being forgotten and others remembered. While amnesia may be general, it is rare to find it complete for all ideas and circumstances. After a certain date the patient may lose the power of remembrance. What has gone before that time can be recalled; but memories of later events, emotions, and ideas are quickly wiped out. Reading or work may give real pleasure; yet if interruptions occur, the patient cannot tell what he has just been doing. Though general or continued amnesia is not altogether complete, in any typical way, it is often diffused, in attenuated form,